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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/662,944
Filing Date	September 15, 2003
First Named Inventor	Stephen E. Derenzo
Art Unit	1755
Examiner Name	Carol M. Koslow
Attorney Docket Number	014939-004800US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Discontinuation of attorney/client relationship.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

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Date January 6, 2006 Telephone No. 925.472.5000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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